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APPLICANTS

Jeffrey P. Gambino, Westford, VT;

Anthony K. Stamper, Williston, VT;

Richard E. Wistrom, Essex Junction, VT;

** CONTINUING DATA *****

"NONE"

** FOREIGN APPLICATIONS *****

"NONE"

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>[Signature]</i>	Initials SA		
Verified and Acknowledged				

ADDRESS

30449

SCHMEISER, OLSEN + WATTS

3 LEAR JET LANE

SUITE 201

LATHAM, NY

12110

TITLE

DETECTION OF HARDMASK REMOVAL USING A SELECTIVE ETCH

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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